24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	
	C C00495028
Check if X 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Ralston Lapp Media	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1054 31st St NW	Amount
Ste 430	Amount
City State Zip Code	7065.83
Washington DC 20007-6042	Transaction ID: VN7GD9XMT79 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 10
Barbara J. Comstock Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
SKDKnickerbocker	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1150 18th St NW	
Ste 800	Amount
City State Zip Code	17406.55
Washington DC 20036-3845	Transaction ID : VN7GD9XMV62 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 04
Cresent Hardy Oppose	President Senate State: NV
	ursement For: Primary X General
Per Election for Office Sought 117516.55 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	24472.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Bate	0 31 2014
Signature	